Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 State/Territory: RHODE ISLAND Citation 4.18 Recipient Cost Sharing and Similar Charges 42 CFR 447.51 Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not through 447.58 (a) exceed the maximum allowable charges under 42 CFR 447.54. Except as specified in items 4.18(b)(4), (5), (b) 1916(a) and (b) of the Act and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan: No enrollment fee, premium, or similar charge is (1)imposed under the plan. No deductible, coinsurance, copayment, or similar (2) charge is imposed under the plan for the following: Services to individuals under age 18, or (i) under--/ / Age 19 // Age 20 // Age 21 Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable. (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy. 92-02 TN No. 1992 Effective Date \_\_7/1/92 Approval Date Supersedes TN No. 87-04 HCFA ID: 7982E

Revision:	HCFA-P		(BPD	)		0	MB No.:	0938-	
:	State/T	erritory:		RI	HODE ISLA	ND			_
Citation	4	.18(b)(2)	(Con	tinued)					
42 CFR 447 through 447.58	.51	(ii		All ser women.	vices fu	rnished	to pred	gnant	
447.30				S	ot applices he pregna	to preg			for elated to
		( i		inpatie facilit individ receivi for med	ent in a lay, or other in a lay or other in a la	hospita her med equired ces in e costs	l, long- lical ins l, as a c the inst all but	term conditional c	on, if the on of n, to spend imal amount
		( v			cy servi				
		( v			planning viduals				s furnished
		(vi		Service organiz enrolle	s furnis ation in d.	hed by which	a health	h maint ividual	enance is
1916 of the P.L. 99-277 (Section 99	2,	(vii	,	receivi	s furnis ng hospi (1905(0)	ce care	, as de:		n

TN	No.	92-02		DEC 9	1992		
		des Approval	Date			Effective Date	_
TN	No.	86-17					
						HCFA ID: 7982E	

Revision:

HCFA-PM-91-4 (BPD) AUGUST 1991

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OMB No.: 0938

State/Territory: RHODE ISLAND

<u>Citation</u>
42 CFR 447.51
through
447.48

4.18(b)

(Continued)

- (3) Unless a waiver under 42 CFR 431.55(g) applies, <u>nominal</u> deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b) (2) above.
  - // Not applicable. No such charges are imposed.
  - (i) For any service, no more than one type of charge is imposed.
  - (ii) Charges apply to services furnished to the following age groups:

// 18 or older

// 19 or older

// 20 or older

// 21 or older

// Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. <u>93-018</u> Supersedes TN No. <u>92-02</u> Approval Date:\_\_\_\_\_

Effective Date: 8/16/93

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.: 0938-
	State/Territor	у:		RHCDE ISLAND
Citation 42 CFR 447	4.18(b)(	3) (Co	ntinue	ed)
through 44		(iii)	Media	the categorically needy and qualified care beneficiaries, <u>ATTACHMENT 4.18-A</u> ifies the:
			(A)	Service(s) for which a charge(s) is applied;
			(B)	Nature of the charge imposed on each service;
			(C)	Amount(s) of and basis for determining the charge(s);
			(D)	Method used to collect the charge(s);
			(E)	Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
			(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
			(G)	Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
				// Not applicable. There is no maximum.

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TN No. 92-02	DEC 9	1 <b>9</b> 92		
Supersedes Approval Date	DEC 9	1332	Effective Date	7/1/92
TN No. 90-10			•	

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 RHODE ISLAND State/Territory: \_\_\_\_ Citation 4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under 1916(c) of the Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 4.18(b)(5) // For families receiving extended benefits 1902(a)(52) during a second 6-month period under and 1925(b) section 1925 of the Act, a monthly premium of the Act is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 4.18(b)(6) // A monthly premium, set on a sliding scale, 1916(d) of imposed on qualified disabled and working the Act individuals who are covered

under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size

involved. The requirements of section 1916(d)

specifies the method and standards the State

of the Act are met. ATTACHMENT 4.18-E

uses for determining the premium.

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TN NO		нс	FA ID:	7982E

Revision:	HCFA-PM-91- 4 (AUGUST 1991	BPD)	OMB No.: 0938~
	State/Territory:	RHODE ISLAND	
Citation 42 CFR 447		Individuals are cover the plan.	red as medically needy under
through 44	7.58	amount of and liab subject to the max CFR 447.52(b) and regarding the effe	, premium or similar charge is ENT 4.18-B specifies the bility period for such charges ximum allowable charges in 42 defines the State's policy ect on recipients of a enrollment fee, premium, or
447.51 thr 447.58	ough (2)	No deductible, comor similar charge the following:	insurance, copayment, is imposed under the plan fo
		(i) Services to inc	dividuals under age 18, or
		<u> </u>	9
		<u> </u>	0
		/ Age 2:	1
		are age 18,	categories of individuals who but under age 21, to whom ly are listed below, if

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territor	у:	RHODE ISLAND
Citation	4.18 (0)	(2) (C	ontinued)
42 CFR 447 through 447.58	7.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of th P.L. 99-27 (Section 9	12	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 thr 447.58	rough (	viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
			Not applicable. No such charges are imposed.

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Revision:	HCFA-PM-91-4 AUCUST 1991	(BPD)	OMB No.: 0938-
	State/Territory	·:	RHODE ISLAND
<u>Citation</u>	4.18(c)(3	no si no	less a waiver under 42 CFR 431.55(g) applies,  minal deductible, coinsurance, copayment, or  milar charges are imposed on services that are  t excluded from such charges under item (b)(2)  ove.  // Not applicable. No such charges are  imposed.
		(1)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			/_/ 18 or older
			/ 19 or older
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.
TN No.	92-02		DEC 9 1992 7/1/92
Supersede	86-17 Approval	Date	Effective Date 1/1/92
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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.: 0938-
	State/Territory	<i>r</i> :	RHODE	EISLAND
Citation	4.18(c)(3	3) (Cor	ntinued	
447.51 th	rough	(iii)		ne medically needy, and other optional s, ATTACHMENT 4.18-C specifies the:
447.58			(A)	Service(s) for which charge(s) is applied;
			(B)	Nature of the charge imposed on each service;
			(C)	Amount(s) of and basis for determining the charge(s);
			(D)	Method used to collect the charge(s);
			(E)	Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
			(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
			(G)	Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
			۲	Not applicable. There is no maximum.

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